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**General debate on national experience in population matters:
adolescents and youth**

Statement submitted by Equidad de Género: Ciudadanía, Trabajo y Familia, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2012/2.



Statement

It has been well established that in order for the eight Millennium Development Goals to be fulfilled, the Programme of Action of the International Conference on Population and Development, along with benchmarks added at the five-year review of its implementation, must be fully carried out. This is particularly true with regard to ensuring universal access to reproductive health, which has been described as central to meeting the Goals, and has been included as a target of Goal 5. In the case of adolescents and young people, universal access to reproductive health necessitates that countries protect and promote the rights of adolescents to reproductive health education, information and care, as stipulated in the Programme of Action.

The Mexican Government has made significant advances towards the actions established to increase the access of adolescents and young people to sexual and reproductive health over the past 18 years. The Specific Action Programme: Adolescent Sexual and Reproductive Health, which has been implemented during the current administration (2006-2012), strives to meet many of the commitments set out in the Programme of Action, namely, with regard to the development of appropriate services for adolescents and access to information on sexual and reproductive matters (see sect. E, para. 7.45, of the Programme of Action).

While these efforts are commendable, they have proved to be insufficient to meet the need. Recent investigations by non-governmental organizations have identified a lack of knowledge of contraceptive methods and misinformation about sexually transmitted infections, including HIV/AIDS, as well as barriers to reproductive health care for adolescents. Given these challenges, not surprisingly, the 2009 National Survey of Demographic Dynamics reported an increase in the adolescent fertility rate during the 2006-2008 period.

Equidad de Género: Ciudadanía, Trabajo y Familia has worked to improve the sexual and reproductive health of adolescents and youth throughout Mexico since 2000. In order to strengthen and evaluate its work with indigenous and rural populations, the organization carried out a quantitative baseline study in order to understand indigenous and rural adolescents' knowledge, attitudes and practices with regard to sexual and reproductive health and rights. Although Mexico is considered an upper-middle-income country by the Development Assistance Committee of the Organization for Economic Cooperation and Development, it has great internal inequalities, and indigenous and rural communities in Mexico have among the highest marginalization indices in the country. The study was implemented by an external agency between 19 June and 12 July 2011 by means of a survey carried out among 846 adolescents and young people between the ages of 15 and 24 in 13 communities, located within eight municipalities in four states (Chiapas, Guerrero, Hidalgo and Oaxaca).

In this study, it is notable that 97.5 per cent of the adolescents and young people surveyed had heard of at least one contraceptive method, with the condom being the most frequently identified (96.9 per cent). This coincides with the 75.4 per cent of those who have already initiated sexual relations (52.6 per cent) who reported regularly using condoms during intercourse. While these are positive indicators of knowledge and practice, only 40 per cent of those surveyed could identify the methods of action for other contraceptive means, such as implants, the

intrauterine device (IUD) and emergency contraception. Additionally, when asked about their first sexual relationship, only 53.5 per cent of adolescents and young people reported having used a method to prevent pregnancy or sexually transmitted infections. Of particular concern is the fact that a mere 36.7 per cent of women reported using a method for these purposes the first time they had intercourse.

This study also revealed significant misinformation with regard to sexually transmitted infections and HIV/AIDS. In particular, 47.6 per cent of the adolescents and young people surveyed thought that sexually transmitted infections could be acquired by using a public bathroom and 41.5 per cent thought that someone could acquire HIV/AIDS by using the same utensils as someone infected with the virus. Finally, and of particular concern for detection strategies, 44.6 per cent thought that a Pap smear could identify HIV/AIDS.

Among the rural and indigenous population surveyed, adolescent pregnancy continues to be high, with 41.9 per cent having had their first child before 18 years of age. Not surprisingly, only a little more than half (57 per cent) of those surveyed identified adolescent pregnancy as a problem.

With respect to access to sexual and reproductive health services, 62 per cent of adolescents and young people surveyed identified pharmacies as their primary source of contraceptive methods, while 24.3 per cent identified public health centres as a distant second. Only 3.1 per cent of those surveyed had sought out contraceptive methods at a public health centre in the past year. This is particularly worrisome given that public policy in Mexico stipulates that contraception should be extended to the population free of charge at public health centres. Of the 3.1 per cent of adolescents and young people who had gone to public health centres for contraception, 92.9 per cent had been provided with a method, with 71.4 per cent receiving a contraceptive injection and 14.3 per cent receiving condoms. It is worth mentioning that the percentage of those who received a method during their visit is relatively high in comparison with other studies carried out by Equidad de Género: Ciudadanía, Trabajo y Familia in other parts of the country, and among other population groups. Despite the high percentage of the provision of methods to those who used public health services, these numbers also show that few adolescents and young people in indigenous and rural communities are receiving appropriate counselling along with their contraception, since pharmacies do not provide this type of service. Considering the misinformation that exists concerning sexual and reproductive health, as observed in this study, the lack of coverage of public health services for this population poses a risk for adolescents and young people who are initiating their sexual activity. It is a cause for hope that 46.7 per cent of the adolescents and young people surveyed said that they would feel comfortable requesting contraceptive methods at a public health centre; in fact, this is more than the number of those who would feel comfortable doing so at a pharmacy (33.9 per cent). It is possible that the gap between these latter percentages and the reality of attendance at public health centres may be a result of service barriers such as hours of operation, locations and wait times, all of which are factors that should be considered in the provision of youth-friendly services.

Over 77 per cent of the adolescents and young people surveyed for this study believed that they lacked information on sexual and reproductive health, with 43.6 per cent identifying contraceptive methods as a key topic and 36.4 per cent identifying sexually transmitted infections. Notably, 49.7 per cent indicated that the

provision of information about sexuality would postpone the initiation of their sexual activity, which corresponds with the results of other studies on sexuality education. For 40 per cent of the adolescents and young people surveyed, the primary sources of information on these topics are their teachers and school psychologists, and for 14 per cent, their parents are the primary sources of information. Given that the national curriculum for basic education in Mexico is one of the most progressive in the world and that sexuality and reproduction, modern contraception and the prevention of sexually transmitted infections have been incorporated into it since 1974, this is a positive sign. However, the very same curriculum is frequently undermined by classroom activities that reproduce gender discrimination and treat sexual and reproductive health issues in a superficial manner. Additionally, there is a lack of earmarked financial resources for comprehensive sexuality education as well as quality educational materials. Finally, the weakened separation of church and State is a constant threat to the provision of age-appropriate and accurate sexual health information. Mexico needs to address these challenges in the educational system in order for these young people to truly benefit from the information provided there.

As the results of this study demonstrate, Mexican public policy has had moderate success in providing basic information on sexual and reproductive health to vulnerable populations. However, there is still significant work to be done with regard to deepening this knowledge and ensuring appropriate services for adolescents to help them understand their sexuality and protect them from unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.

One of the ways in which the Mexican State may strengthen its efforts to improve universal access to sexual and reproductive health among adolescents and young people is through greater budget allocation. The most recent fiscal year (2011) was the first in which the Mexican legislature had specifically assigned funding to adolescent sexual and reproductive health. Despite this advance, the amount was insufficient. Even when funding is allocated at the national level, it does not always filter down to the state and municipal levels, where services are actually provided. Funding particularly needs to be increased to ensure coverage of information, education and communication strategies, as well as the availability of a broad range of contraceptive methods and services which, among other attributes, safeguard the right of adolescents to privacy, confidentiality, respect and informed consent.